

## Food Service Plan Review Application

Please read carefully and submit all required information. Failure to do so will result in the rejection of your plans and delay the plan review process. Allow for a minimum of 30 days from the receipt of a completed application for processing. Submittals are retained by this department as part of the permanent record. Please note that plans are not forwarded to this department by any other agency.

☐ New Construction      ☐ Remodel      ☐ Materially Altered (COMAR 10.15.03.33)

Proposed Facility Name: \_\_\_\_\_

Former Facility Name: \_\_\_\_\_

Facility (911) Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Facility Property Tax ID (located on tax bill): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Number of staff (total): \_\_\_\_\_

Master Plumber: \_\_\_\_\_

Master Electrician: \_\_\_\_\_

Date Received:

Receipt#:

-Health Department Use Only-

Amount:

Reviewed By:

Priority:

## Caroline County Food Service Facility Plan Review Application

Maryland Health-General Code Annotated, §21-321, requires that properly prepared plans be submitted and approved before a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment.

### Plan Review Fee

1. Plan review fees are based on the type of facility that is proposed.
2. The proposed facility fee is:
  - **\$120.00** for the following types of facilities:
    - ☐ Only prepackaged foods are sold.
    - ☐ Only limited open foods are offered such as hand dipped hard ice cream, fountain soda, and/or coffee.
    - ☐ A mobile cart serving hot dogs AND utilizing a currently approved food service facility as base of operation.
  - ☐ **\$500.00** for any facility that does not fall strictly into one of the above categories.

### When submitting this application, include the following documents:

- ☐ Entire Application
- ☐ \$120.00 or ☐ \$500.00 plan review fee
- ☐ Scaled site plan showing location of building on site, dumpsters, well, and septic system
- ☐ Scaled floor plan showing location of equipment
- ☐ List of equipment
- ☐ Manufacturer specification sheets for each piece of equipment
- ☐ Shop drawings for any custom built equipment
- ☐ Finish schedule for floors, walls, ceilings, & junctures
- ☐ Ventilation plans
- ☐ Proposed menu(s), including seasonal, off-site and banquet menus
- ☐ HACCP plan
- ☐ Mobile Unit: Waste disposal contract
- ☐ Mobile Unit: Letter from proposed base of operation
- ☐ Caterer: Letter from proposed base of operation

I have submitted plans/applications to (or obtained permits from) the necessary or appropriate authorities including zoning, planning, building, plumbing, incorporated towns, and fire marshal.

- ☐ Yes
- ☐ No

**Submitting incomplete plans will delay the plan review process.** Please address every item that applies to your food service operation.



**Workers' Compensation Insurance or Certificate of Compliance**

1. Workers' Compensation Insurance or a Certificate of Compliance is required prior to issuance of a food service facility permit.
2. Contact the Workers' Compensation Commission at 800-492-0479 or TTY 800-735-2258 if you need an application for a Certificate of Compliance or if you have any questions regarding workers' compensation.

**Utilities (COMAR 10.15.03.18)**

1. Water Supply

☐ Public water supply from: \_\_\_\_\_

☐ Private water supply

- Private water must be sampled for a minimum of total coliform bacteria and nitrates. The sampling frequency is dependant on the type of facility that is proposed and on an evaluation of the well. Results must be evaluated by this department for compliance. Depending on the type of facility proposed, the water supply may be required to be monitored under the Transient Non Community Public Water Supply program at an additional fee.
- Is there a treatment device proposed or present for the water supply? ☐ Yes ☐ No
- If yes, list type of treatment: \_\_\_\_\_

2. Sewage Disposal

☐ Public Sewer or ☐ Private Sewer

- Contact this department prior to submitting plans to discuss the appropriate course of action for evaluation of the sewage disposal. Please be aware that additional applications and fees may apply.

**Menu (COMAR 10.15.03.11F &.33)**

1. Submit proposed menu, including seasonal dishes, off-site and banquet menus.
2. Refer to COMAR 10.15.03.11(F) for details regarding undercooked and raw animal food products.

**Type of Service (COMAR 10.15.03.33)**

1. Check all of the food systems that you propose to utilize:

☐ Cook and Serve

☐ Cook, Hold Hot and Serve

☐ Cook, Cool, Reheat, Hold Hot and Serve

☐ Cold Hold and Serve

☐ Commercially prepackaged foods

☐ Open foods including:

☐ Fountain soda machine

☐ Hand dipped ice cream

☐ Coffee

☐ Hot dogs

**Hazard Analysis Critical Control Point (HACCP) Plan (COMAR 10.15.03.33&.34)**

1. Click here to view [HACCP guidelines](#) and click here to begin to create [your HACCP plan](#).



**Required Format and Specifications for Scaled Floor Plans (COMAR 10.15.03.33)**

The scaled drawing of the proposed facility must identify the layout and arrangement of work areas and the location of all equipment.

1. Accurately draw floor plan to a minimum scale of 1 inch = 4 feet.
2. Locate all seating.
3. Locate and label each piece of equipment with its common name.
4. Locate exterior doors.
5. Locate all shelving, including in walk-in units, dry storage areas, and custodial areas.
6. Locate all hand sinks, including in the restroom, utensil wash areas, and food preparation areas.
7. Locate all food preparations sinks and 3 compartment sinks.
8. Locate toxic chemical storage area.
9. Locate personal storage area.
10. Locate mop sink & custodial storage areas.
11. Locate all open site drains and water heater. Indicate if open site drain is a floor drain.
12. Locate all indoor garbage & refuse storage containers.
13. Locate all restrooms.

**Required Format and Specifications for Scaled Site Plans**

1. Accurately draw site plan to a minimum scale of 1 inch = 40 feet.
2. If applicable, locate any private wells, septic systems, and grease traps.
3. Locate exterior garbage & refuse storage containers.
4. Locate building.
5. Locate driveways and parking areas.
6. Locate main road.

**Interior Finishes/Surfaces (COMAR 10.15.03.21&.33)**

1. Submit a [finish schedule](#) for all areas of the facility for all floors, walls, ceilings, and junctures throughout the facility. Samples may be required.
2. A [template](#) is available for your convenience.
3. In general, all finishes must be smooth, easily cleanable, and durable.
4. Finishes must be grease resistant in grease producing areas.
5. All floor/wall junctures must be closed.
6. A coved base is required in all food preparation areas.
7. Drop ceiling panels should be non-perforated and not backed with fiberglass.
8. Piping, conduit and other similar construction that is located outside of the wall must be installed so that there is a minimum of 3/4 of an inch space between the piping, conduit or other similar construction and the wall.
9. If water cleaning is proposed for any floor, including walk-in units, the floor must be graded to a floor drain.
10. Materials cannot be installed prior to reviewing installation procedures with this department.



**Lighting (COMAR 10.15.03.22 & .33)**

1. All lights in food preparation areas and in utensil wash areas must be shielded.
2. Indicate the proposed type of lighting for each area (i.e. fluorescent, incandescent, strip, etc.).
3. Indicate the proposed type of light shields for each area.
4. Light in all food preparation areas must be a minimum of 50 foot candles at the work surface.
5. Light in all other areas must be a minimum of 20 foot candles at 30 inches above the floor.

**Ventilation (COMAR 10.15.03.22 & .33)**

1. Submit shop drawings for all cooking ventilation.
2. Include filter placement type, plenum air chamber, duct openings, cfm of fan, gauge of materials, etc.
3. Specify sources of make up air.
4. Specify the minimum overhang required for the proposed type of hood.
5. If a char-broiler surface is 5 square feet or greater, approval must be obtained from Air Management Administration.
6. If a char-broiler is proposed, a minimum of 18 inches is required for an overhang.
7. A hood is required for any open cooking, high temperature sanitization dish machines, and for some heat producing equipment, such as a large pizza oven.
8. Grease hoods must be NSF approved and if UL tested, must provide at least the minimum exhaust according to the UL 710 listing.

**Plumbing (COMAR 10.15.03.18)**

1. All plumbing must meet the Maryland State Plumbing Code.
2. The water heater must be sufficiently sized to accommodate the facility. Contact a Master Plumber for assistance in determining adequacy of the water heater.
3. All faucets, including outside spigots and mop sinks, must be installed in a manner that prevents back flow prevention or backsiphonage.
4. Shut-off valves are not permitted on salad bar drain lines.
5. Sewer lines are not approved over food preparation areas or over food storage areas.
6. An indirect waste line is required where foods or food contact equipment is placed. The following will require an indirect drain: 3 compartment sink, preparation sinks, ice machines, steam kettles, potato peelers, condensate line, hand sink located in a food preparation counter, etc.
7. A grease trap is required when grease is generated. If there is not a grease trap currently installed, a separate permit will be required by this department to install. If there is a grease trap existing, contact this department or applicable other applicable agency to determine if the existing grease trap will be adequate for your proposal.
8. Dishwashers require a pressure gauge immediately upstream from the final rinse control valve.

**Doors (COMAR 10.15.03.20)**

1. All exterior doors must be self closing and tight fitting.
2. Any opening into the building must be less than ¼ inch.
3. Screens must be a minimum of 16-mesh to the inch.



**Equipment (COMAR 10.15.03.15 & .33)**

1. Identify each piece of equipment indicated on the corresponding floor plan.
2. An [example equipment list](#) and [blank template](#) are available for your convenience.
3. All equipment must be NSF certified or equivalent.
4. Submit manufacturer and model number for each piece of equipment.
5. Submit corresponding manufacturer sheets for each piece of equipment.
6. Include shop drawings for custom built equipment.
7. Identify if equipment is new or used.
  - Used equipment must be inspected for compliance.
8. Identify if equipment is on NSF approved casters, 4 inch legs (table top equipment), 6 inch legs, or sealed to all adjacent surfaces.
9. Equipment which weighs in excess of 80 lbs or equipment that is not installed on casters must be spaced from adjacent surfaces as follows:

Equipment Length	Minimum Spacing
• <2 feet	6 inches
• 2-4 feet	8 inches
• 4-6 feet	12 inches
• >6 feet	18 inches

If the minimum spacing cannot be met, then the equipment must be sealed to all adjacent surfaces or installed on NSF approved casters.
10. Shelving must be constructed of a non-corrosive material in all moisture producing areas such as in walk-in units. It is recommended that a material such as vinyl coating is utilized.
11. Shelving intended to hold exposed foods or food contact items must be a minimum of 18 inches above the floor, all other shelving must be a minimum of 6 inches above the floor.

**Toilet Facilities (COMAR 10.15.03.18)**

1. Must provide public restrooms if facility prepares food and provides seating or is a carry out with indoor tables used for dining.
2. Public restrooms must be accessible without entering food preparation, storage, or utensil washing areas.
3. The amount of fixtures required is dependant on the number of seats proposed. Refer to the State Plumbing Code for guidelines.
4. Restroom doors must be self closing.
5. Must provide mechanical ventilation (minimum of 2 cfm per square foot area), that is exhausted directly to the outside of the building.
6. Must provide an easily cleanable, covered trash receptacle for the women's restroom.

**Storage Areas**

1. Must provide sufficient dry storage area.
2. Must provide shelving in the dry storage area.



**Hand Washing Stations (COMAR 10.15.03.18)**

1. Hand sinks are required in the following areas: restrooms, food preparation, and utensil wash areas.
2. All hand washing stations must be accessible.
3. Hand sinks must be located greater than 18 inches from any area of potential contamination or a splash guard must be installed.
4. Must provide soap, hand drying device (e.g. paper towels) and trash receptacle at each hand sink.
5. Posting [hand washing signs](#) at all hand sinks is recommended.

**Mop Sink (COMAR 10.15.03.23)**

1. Must provide a mop sink or curbed cleaning facility.
2. Must provide a sufficient method to allow mops to thoroughly dry.
3. Must provide sufficient space to store all custodial equipment.

**Chemical Storage (COMAR 10.15.03.13)**

1. Toxic materials must be stored in a cabinet used for no other purpose or in a room that is not used for food storage, food preparation or equipment and utensil washing or storage.

**Personal Items & Dressing Rooms (COMAR 10.15.03.23)**

1. Must provide sufficient area to store personal items.
2. Specify how personal items will be stored.

**Utensil Washing (COMAR 10.15.03.16)**

1. A NSF approved 3 compartment sink with coved basins and integral dual drain boards is required.
2. All discharge lines on a 3 compartment sink must be [indirectly drained](#).
3. The 3 compartment sink must be adequately sized to accommodate the largest piece of equipment.
4. If a dish machine is proposed, specify the method of sanitization, i.e. chlorine, high temperature. High temperature sanitization requires a ventilation hood.

**Garbage & Refuse Storage (COMAR 10.15.03.19 & .33)**

1. Must provide sufficient amount of containers to store refuse & garbage.
2. Exterior containers must be rodent proof.
3. Exterior containers must be located on a grease resistant, cleanable surface.
4. Containers cannot leak.

**Additional Plan Requirements for Mobile Units Only**

1. What is the size of the fresh water tank (gallons)? \_\_\_\_\_

- If a hose is needed to connect to the fresh water tank, a NSF approved food grade hose must be utilized.

2. What is the size of the waste water tank (gallons)? \_\_\_\_\_

3. Where will the waste water be disposed? \_\_\_\_\_

- Submit a copy of the waste disposal contract.

4. Note: All aspects of a food service facility operation are prohibited in a private residence. This includes the prohibition of storage, utensil washing, and preparation in a residence.

5. Will the entire operation of the facility take place in the mobile unit?

☐ Yes (Go to #6)

☐ No (Continue #5)

• What is the name of the proposed base of operation? \_\_\_\_\_

• What portion of the operation will be conducted at the proposed base of operation:

☐ Cook ☐ Preparation ☐ Dry Storage ☐ Cold Hold ☐ Utensil Wash ☐ Other (Describe)?

\_\_\_\_\_

• What areas will you utilize in the base of operation: ☐ Kitchen ☐ Stock Room ☐ Dish Wash Area

☐ Other (Describe)? \_\_\_\_\_

• How will your operation be segregated from the existing base of operation?

• Submit a letter from the proposed base of operation's permit holder. The letter must include:

- The proposed facility has permission to utilize the base of operation.
- The proposed facility will notify this department if the proposed facility is no longer utilizing the base of operation.
- The base of operation's permit holder is aware that the base of operation's permit holder is responsible for any violations found in the base of operation regardless of the origin of the violation.

6. Where is the proposed location that the unit will set up? Include days and times of operation.



**COMAR 10.15.03 Regulations Governing Food Service Facilities**

You are responsible for all of the material covered under COMAR 10.15.03, Regulations governing "Food Service Facilities".

1. Do you have a copy of [COMAR 10.15.03, Regulations governing "Food Service Facilities"](http://www.dsd.state.md.us/comar/subtitle_chapters/Titles.aspx)?

☐ Yes

☐ No

2. COMAR 10.15.03, Regulations governing "Food Service Facilities" are also available on the web at:

[http://www.dsd.state.md.us/comar/subtitle\\_chapters/Titles.aspx](http://www.dsd.state.md.us/comar/subtitle_chapters/Titles.aspx)

Select **Title 10 "Department of Health & Mental Hygiene"**

Select **Subtitle 15, "Food"**

Select **10.15.03 "Food Service Facilities"**

At this point, you must select one of the 39 individual regulations you wish to view.

3. Do you know how to locate specific information in the regulations?

☐ Yes

☐ No

**Statement:** I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Caroline County Health Department may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with COMAR 10.15.03 Regulations Governing "Food Service Facilities".

Do not begin construction nor purchase any equipment until final approval is granted. Failure to comply may result in disapproval & removal of purchased equipment or materials.

Changes made after submitting the original plans will delay the plan review process. Changes made after an approval is granted may void the approval.

Upon approval of the final plans and a satisfactory final preopening inspection, you may apply for a food service facility permit.

**If you need this information in an alternate format, please call 410-479-8045.**